




PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

A CRITICAL PUBLIC HEALTH RESOURCE

2010

Success Stories

Minnesota

Asthma affects more than 80,000 children in Minnesota, adversely affecting both their school attendance and quality of life. Asthma also contributes to Minnesota's health care expenditures. In 2004, the condition accounted for $6.4 million in costs from pediatric asthma hospitalizations and emergency room visits.

Environmental exposure to allergens and irritants can cause or worsen asthma. However, it is unclear whether decreasing exposure to allergens and irritants in the home can be beneficial to medical costs, school attendance, and quality of life for children with asthma.

To answer this question, the Minnesota Department of Health's Asthma Program partnered with Pediatric Home Service, an independent health care organization, to conduct the Reducing Environmental Triggers of Asthma (RETA) project. The project, which targeted families with children with doctor-diagnosed asthma, decreased or removed allergens in the children's homes by using inexpensive strategies, such as replacing vacuum cleaner filters with high-efficiency particulate air (HEPA) filters and using dust covers on pillows and mattresses.

Staff from Pediatric Home Service visited each child's home and collected information about the number of times the child visited the emergency room, had an unscheduled clinic visit, was hospitalized, or missed school during the past 3 months. Parents and guardians completed a questionnaire about the child's asthma symptoms and quality of life over the past 4 weeks. The average cost of the project, including the home visit and product and delivery costs, was $468 per child.

Children in the RETA project reported significant improvements in their health and quality of life. The number of school days the children missed decreased significantly, from an average of 7 missed days to 1 missed day per year. In addition, the project showed significant cost savings. Approximately one fewer hospitalization and two fewer unscheduled clinic visits per child were reported during the 12-month follow-up visits to the children's homes. If these hospitalizations or unscheduled clinic visits had occurred, they would have cost an average of $2,428 per child. The RETA intervention saved approximately $1,960 per child—more than $125,000 for all participants in the project.

The materials used in the RETA project were paid for with a grant from the U.S. Environmental Protection Agency. However, Minnesota officials could not have applied for or used the grant without the staff support provided by CDC's Preventive Health and Health Services (PHHS) Block Grant. The PHHS Block Grant pays for about 1.5 staff positions in Minnesota's Asthma Program. The RETA project is an important example of how PHHS Block Grant funding helps leverage other resources to improve public health at state and local levels.

Nebraska

The prevalence of obesity among young people has soared over the last 30 years and so has concern that more teenagers are at risk of developing type 2 diabetes, coronary heart disease, stroke, and certain cancers. To address this problem, officials at the Nebraska Department of Health and Human Services partnered with students at the College of Journalism and Mass Communications at the University of Nebraska-Lincoln. Together, they designed a health marketing campaign for high school students that promotes being physically active and eating fruits and vegetables.

PHHS Block Grant funds were used to pilot test the campaign, called Whatcha doin?, during the 2007-2008 school year at four Lincoln, Nebraska, high schools. The schools had a combined

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total of 3,250 students. The aim of the campaign was to influence and change the behaviors and social norms of the students. The campaign is now in 13 Lincoln high schools and targets more than 10,000 students.

The Whatcha doin? campaign messages are designed to be fun and humorous and to influence teenagers to incorporate physical activity and healthy eating habits into their daily lives in "their own unique way." In addition to traditional marketing strategies, such as advertising with billboards and commercials, the campaign uses nontraditional elements, such as Web sites, promotional activities that reward participants with t-shirts, and buzz agents.

Buzz agents are marketers who share information with peers, or create a "buzz," about an idea, product, or service. The theory behind the approach is that the more people hear about an idea from people they know and trust, the more likely they will be to adopt the idea.

An evaluation of the pilot campaign showed that it has been effective in reaching students. In schools with the campaign, 96.5% of students who were surveyed recognized the campaign's logo, and more than 50% correctly identified its key messages. Only 41.6% of students who were surveyed at a school without the campaign recognized the logo and less than 15% correctly identified the key messages. In addition, buzz agents reported increases in their own physical activity (37.5%), fruit intake (50%), and vegetable intake (29%).

Kentucky

Kentucky has some of the highest rates of chronic disease, including diabetes, arthritis, heart disease, stroke, and cancer, in the United States. Obesity and lack of physical activity are key risk factors for these diseases, and almost two-thirds of adults in Kentucky are overweight.

When middle school students in Kentucky were asked how they felt about their weight, more than one-third answered that they were overweight or obese. For Kentucky's health community, the students' responses were a wake-up call.

Recognizing the negative implications of rising obesity rates, the Kentucky Department for Public Health used PHHS Block Grant funds to try to increase physical activity among children in the state. For example, the Northern Kentucky Health Department used funding received through its community service plan to provide school administrators and teachers with resources on physical activity and health.

These resources and curricula included the following:

- **TAKE 10!** This program provides teachers with ideas on how to include physical activity in classroom learning, such as using physical activity as a reward for accomplishment in class.
- **Fit Classrooms.** This program provides northern Kentucky communities with Web-based resources on how to incorporate information about nutrition, physical activity, and social and emotional health into the classroom.
- **Stepping Into Action.** This school-based program uses pedometers and a daily log to help students track the number of steps they take each day. The program also provides tools that teachers and staff can use to start a walking program.
- **Getting Kids Physically Active.** This community workshop shows school staff how policy and environmental changes can increase physical activity. Examples of these changes include creating biking paths and safe routes to school, opening school and church gymnasiums to the public, and providing students with daily access to physical education classes.

Because of the success of this initiative and the interest it generated among educators and community leaders, the Northern Kentucky Health Department launched a new initiative, Just for Kids, during the 2009-2010 school year. Just for Kids is a 10-week, classroom-based course for fourth and fifth grade students that focuses on nutrition and physical activity. The program will be sustained with additional funding from state and local sources.